

ARKANSAS DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION

Donaghey Plaza South MS \$140 700 Main Street P.O. Box 1437 Little Rock Arkansas 72203-1437 Phone: 501-682-4891/1-800-445-3316 Fax: 501-682-2317 www.state.ar.us/childcare

October 2003

ENHANCEMENT GRANT

Dear Child Care Provider:

The Division of Child Care & Early Childhood Education is pleased to have an Enhancement/Improvement grant program available to registered and licensed child day care providers. The grant may also be requested by persons/groups for proposed programs which intend to offer licensed/registered child day care; however, a child care license must have been applied for and the initial consultation visit made. This is a competitive grant program made possible by the CHILD CARE DEVELOPMENT FUND.

The grant, if approved, must be used to improve or enhance the quality of child care or to increase the availability of early childhood programs, particularly for infants and toddlers, and programs for school-age child care. Grants are available for both child care centers and licensed or registered child care family homes. Grants are available to both profit and non-profit operations.

All grant awards require a cash match of at least 25% of the amount granted. The cash match may be spent within 30 days prior to application or may be spent after receipt of the grant.

The Division will consider each application for funding and make decisions based on the priorities established in the Child Care Development Fund state plan and the purpose for which the grant funds are requested. The priorities for funding include:

- 1. The expansion or new development of infant and toddler care.
- 2. Documented need for additional materials, equipment, or program supplies to assist a facility in meeting the Quality Approval Standards.
- 3. Assist programs in obtaining materials for learning centers with a focus on literacy and numeracy.
- 4. Assist programs in the correction of licensing deficiencies.

The following are examples of grant requests:

- ** cots, mats, highchairs, baby beds
- ** blocks, toys, puzzles, supplies, books
- ** curriculum, equipment and supplies for learning centers focusing on literacy/numeracy
- ** equipment to serve infants and toddlers



Licensed and registered homes may request up to \$2500. These requests will be reviewed in January, April, July, and October and must be postmarked by the 20^{th} of the month reviewed in. Each quarterly cycle will have a maximum of \$41,000 for all grant awards.

Day Care Centers with a licensed capacity of less than 65 children may request up to \$5000. These requests will be reviewed in February, May, August, and November and must be postmarked by the 20th of the month reviewed in. Each quarterly cycle will have a maximum of \$65,000 for all grant awards.

Day Care Centers with a licensed capacity of 65 or more children may request up to \$7500. These requests will be reviewed in March, June, September, and December and must be postmarked by the 20th of the month reviewed in. Each quarterly cycle will have a maximum of \$81,500 for all grant awards.

A child care facility may submit a grant application only once every twelve (12) months. Multiple applications will not be reviewed. Once a grant is awarded, the final expenditure report must be submitted and accepted prior to submission of a new application.

The grant process is a competitive procedure and there is not a guarantee that applications will be funded in whole or part. Funds are limited and the priorities will determine which applications receive full and/or partial funding.

This grant is made possible by federal funds. If your program is operated by state or local government or is a non-profit group, these dollars will be counted as a part of the federal funds total received by your center, home or agency.

Attached is a grant application, information on how to complete the application and an immunization form to report on the level of immunizations for all children in care, excluding school-age children. Age-appropriate immunizations must be verified on all children in care prior to consideration for grant funding. Immunizations must be current on each child or the application will be denied. Please note that the varicella vaccine is now a required shot. Proposed programs must submit immunization information with the final grant report.

If you have any questions, or need additional information, please feel free to call either myself or Nikki Caton at (501) 682-9699.

Sincerely,

Program Support Administrator

HOW DO I APPLY FOR A GRANT?

The process is not complicated, but it will take some planning and work on your part. If you use the following checklist, you should be able to easily complete the application and have everything in order when you submit your application. Please include all the items listed when the completed application is returned to the:

Division of Child Care and Early Childhood Education PO Box 1437, Slot S-160
Little Rock, AR 72203

Contact: Nikki Caton - (501) 682-9699 1. The Division of Child Care grant application is complete. Information is provided on the reason for the grant request and the use of requested funds 2. Letter from local Child Care Licensing Specialist is attached. This verification of license/registration status must be dated within the past 6 months. A copy of the license/registration must also be attached. (The application will not be considered without these items!) 3. Requested items are listed in order of most needed/priority and cost of each item is listed Immunization verification is completed on all children in care. This includes each child's date of birth and dates of immunizations. Use the attached immunization form. Copies of children's shot records are NOT accepted. Applications are automatically denied if all children in care do not have age-appropriate, current immunizations. Immunization information is not required for school-age children. For facilities which have not begun operation, immunization information will be required at time of final report. 5. Cash match information is attached. (What do you plan to purchase with the cash match money?) 6. Any additional pages you completed are attached. 7. The application is signed and dated. 8. Did you keep a copy of the application? (WE WILL NOT MAIL YOUR APPLICATION OR A COPY OF IT BACK TO YOU!)

YOU MUST KEEP COPIES OF THE APPLICATION AND OTHER ITEMS
SUBMITTED AS THE APPLICATION PACKET WILL NOT BE RETURNED!

TIPS FOR COMPLETING THE ENHANCEMENT/IMPROVEMENT GRANT APPLICATION

- Section I requires information about yourself. We need your name, address and phone number.
- 2. Section II tells us about the child care facility you presently operate or the child care you propose to operate. You must mark the type of care, give the license or registration number and the maximum number of children you are licensed for. We also need your Social Security # or Federal Tax ID # (if applicable).

Both for-profit and non-profit facilities are eligible. Please note that non-profit status is a legally incorporated entity with a Board of Directors.

Any child care setting which chooses the religious exemption option under the Arkansas Child Care Licensing law is prohibited from receiving funds under the grant and contracts section of the Federal Child Care Development Fund as these programs which are Church-operated exempt are defined as sectarian.

- 3. Section III asks that you request a specific grant amount. Also you must give specific information on why you need the grant, what you plan to do with the grant and how the grant will enhance, expand or increase the size and quality of the child care program.
 - All requests require a 25% cash match. **EXAMPLE:** grant request is \$5,000 (75%), matching requirement is \$1,250 (25%); the entire project costs \$6,250.
- 4. Section IV asks that you attach a letter from your local child care licensing specialist to verify the current status of the child care operation and to document the need for the items requested. This letter must be dated within the past 6 months to be accepted as current. Also attach a copy of your current child care license or registration.
- 5. Section V is a listing of the items requested and the cost of each item. The request should list the items in order of priority. You may attach extra pages. Grant funds may not be used for construction, renovation, operational costs or to pay bills incurred prior to approval of the grant. Office and electronic equipment such as computers, TV's, copiers, etc. are not allowable items. Fencing is **not** allowable for licensed or registered child care family homes.
- 6. Section VI requires a complete listing of all children enrolled in the child care facility and a record of their age-appropriate immunizations which include the child's date of birth and dates of immunizations. <u>Immunization form is attached and must be used</u>. <u>Copies of children's shot records are not accepted</u>. This information is not required for school-age children. If a child is behind schedule on their immunizations due to a medical problem, a statement from the child's physician will be accepted as verification.
- 7. Section VII is the verification that if the grant is approved, the funds will be used for the stated purposes. You must sign and date the application.



I.

ARKANSAS DIVISION OF CHILD CARE AND **EARLY CHILDHOOD EDUCATION**

Donaghey Plaza South MS \$140 700 Main Street P.O. Box 1437 Little Rock Arkansas 72203-1437

Phone: 501-682-4891/1-800-445-3316 Fax: 501-682-2317 www.state.ar.us/childcare

THE DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION CHILD CARE ENHANCEMENT/IMPROVEMENT GRANT APPLICATION

Name		
City	State	Zip
Ph <mark>one</mark>	(work)	(home)
II. BUSINESS IN	FORMATION	
The Child Care setting is Name of Facility		currently operatingproposed (anticipated opening date:) (A license must have been applied to
Address		
City	County	Zip
Social Security #	or Feder	al Tax ID(TIN#)
Type Child Care	Total # of ch	ildren licensed for (Licensed Capacity)
Family Day Care Home		
Day Care Center Infant/Toddler		(Total)
Preschool School-Age		(Breakdown)
For-Profit	Non-Profit	License/Regis.#
III. GRANT REQUE	EST	
AMOUNT OF FUNDS REQU (Licensed/registered homes		Day Care Centers licensed for less th



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(Use attachments or additional pages as needed.)

IV. VERIFICATION OF NEED

Attach a letter from your local child care licensing specialist, a child nutrition sponsor, or the registry specialist. If you are currently licensed or registered this statement must verify the current status of the child care license or registration and the specific need for the grant request. If you are applying for a proposed child care facility, a letter from the Child Care Licensing Specialist is required verifying that contact has been made and you have applied for a license. Failure to begin operation within 120 days of receipt of grant funding will require the applicant to repay in full the grant funds.

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٧.	PLEASE LIST IN ORDER OF PRIORITY THOSE ITEMS WHICH WILL BE PURCHASED WITH THE GRANT FUNDING. Include a description of the items and the cost of each item.										
(Use attach	ments or addi	rional pages as necessary.)									
VI.	Verification of age-appropriate immunizations for all children enrolled is to be completed on the immunization form attached. This includes actual dates of immunizations and date of birth for each child. Copies of children's shot records will not be accepted. Verification of immunization are not required for school-age children. Please note that the varicella shows is now required!										
VII.		do hereby state and further affirm ant application as submitted is a true and accurate request and it e grant will not be used for any other purposes except those									
	which are s	tated in the above request.									
Signature of	² Applicant	Date									
Title											
Please retur	n form to:	Division of Child Care & Early Childhood Education Attn: Nikki Caton P.O. Box 1437, Slot S-160 Little Rock, AR 72203									

IMMUNIZATION CONTROL FORM

Name of Facility	of Facility						Number Enrolled								Date Form Completed						
Address		City								Z	Lip	County									
		Telephone number																			
							Place N	1onth, I	Date, Ye	ear in E	ach Bo	X					1 - 3 / .				
Name or Initial	DOB	Age In Months	HIB (HBCV)			DTP			Polio			VAR	MMR	Нер В							
			Dose 1	Dose 2	Dose 3	Dose 4	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 1	Dose 2	Dose 3	Dose 4	Dose 1	Dose 1	Dose 1	Dose 2	Dose:	
,																					
				WEE!																	

Please refer to the Child Care Immunization Requirements in the Minimum Licensing Requirements for the appropriate schedule.